He could hear, but not acutely. He was committed in consequence of an attack upon his mother made during a passionate outburst. At the asylum he was put to bed to try the effect of quiet. He shortly began to complain again of headache. This rapidly became intense. In the midst of it, however, like one waking from sleep, he looked about and asked where he was and conversed rationally. The headache decreased, and after due time he was discharged well. Of the six weeks of his sickness he had no memory whatever, though he was clear as to events before and after it. The second case was a woman who developed mania from a cranial fracture after eighteen years. The third was lastingly and rapidly cured in a seventh attack of mania by a fall on his head received in some of his antics, and for the fourth, a blow on the head from a fellow-patient had the same happy effect.

On Paralysis by Exhaustion. CH. FÉRÉ (Paris). Brain, July, 1888.

Dr. Féré gives two cases of paralysis due to exhaustion. The first was a blacksmith who, by two hours of extra work, brought on right hemiplegia, most marked in his arm. He was not, as far as could be found out, of neuropathic stock, but as a child had had nocturnal tremors and chorea. He was slightly anæmic, but without structural defect. When examined he was found anæsthesic on the right side —most so in the arm, the position of which he could not tell in the dark. In walking he dragged his foot. The visual field and the acuteness of the right eye were reduced, but there was no color blindness. The knee-jerk was increased. There was a certain hysterical element in the case, and the trouble was diagnosed as functional. The patient recovered with tonic treatment. The second case was a somewhat anæmic young woman of neurotic family, who brought on left hemiplegia by nine hours of practice at the piano. She had some power of movement in the upper arm, but little in the forearm and fingers; could not stand on the left leg with eyes closed, and dragged her foot in walking. The knee-jerk was normal. There was some anæsthesia of the leg, and the forearm was insensible to contact, pinching and temperature. The position of the hand and fingers could not be told with the eyes closed. In both cases the dynamometer showed increased power on the well side, which declined as the injured side recovered. A similar thing has been noticed in hypnotically suggested paralyses. In organic hemiplegia, on the contrary, the well side generally shows a concurrent decline. Dr. Féré notes this as a possible distinction between the two. In these two cases, and in others cited, an "idea" has played a part, but one secondary to the exhaustion, just as in a hypnotic subject the suggested idea of paralysis is more quickly taken up if it follows some depressing suggestion, or a therapeutic suggestion is more effective after one of increased vitality.

Insanity and the Care of the Insane. CLARK BELL. Read before the Medico-Legal Society of New York, March 9, 1887.

Inaugural Address of Clark Bell as President of the Medico-Legal Society of New York, January 10, 1888.

The first section of the first of these papers collates between forty and fifty definitions of insanity, to which the author finally adds his own. He speaks next briefly of the history of asylums in the

United States, and of the lack in our States of such a supervising body as the English Lunacy Commission. He denounces mechanical restraints, and recommends the boarding-out system for all sufficiently harmless patients. He justly condemns corporal punishment of the insane, and pronounces against the loose methods by which they are committed and sometimes executed.

The Inaugural Address outlines the work of the Society, and mentions the leading medico-legal societies of this country and Europe, and the leading European journals.

On Insanity in relation to Cardiac and Aortic Disease and Phthisis. W. JULIUS MICKLE, M. D. London, 1888. pp. 93.

This little volume contains the three Gaulstonian lectures delivered in March before the Royal College of Physicians of London, and before printed in the *British Medical Journal*. The subject is introduced by a discussion of intra-cerebral circulation, and the dependence of mental states upon it. Cardiac disease may induce psychic disturbance by altering the adjustment of either the general or intracranial circulation, by causing changes in the quality of the blood in general circulation or in the brain, by leading to pulmonary disease, or by giving rise to a host of strange and painful sensations, a fruitful soil of delusions and hypochondria. Of the various forms of insanity that rise from heart disease, or are colored by it, or spring from a common diathesis with it, very many are of a depressive character, melancholia, hypochondria, delusions of persecutions, etc., or moroseness, querulousness, etc. Even where they begin with expansive and exalted states, the tendency, as the heart disease becomes grave, is toward depression. Many cases of phthisis also are melancholiac, but in a portion the connection of insanities of a more active type with the lung disease is very clear. The special connections of cardiac and aortic lesions are demonstrated in a careful classification of 236 cases (165 individuals, all males), almost all of whom were under Dr. Mickle's care, and examined *post mortem* by him. For these connections, and those of phthisis, the reader must be referred to the book itself.

Ueber Simulation geistiger Störungen. FUERSTNER. Archiv für Psychiatrie, Bd. XIX, Heft 3.

The asserted rareness of simulated insanity does not find support in the experience of urban institutions and those having to do with the criminal classes. Prof. Fürstner finds that of the twenty-five persons under accusation of crime sent in nine years to the Heidelberg Klinik for examination, at least twelve, and perhaps a thirteenth, were feigning. Knowledge, sometimes the most exact, of the diseases copied is acquired by contact with the insane in prisons and hospitals and in the family, from newspaper accounts, and sometimes from slight attacks experienced in themselves. The insanities feigned may be gathered into four groups: first and most frequent, imbecility with apathy, dumbness, or distorted reactions in word and deed; second, disturbances or absence of consciousness, usually asserted to have existed at the time of the criminal act and usually accompanied by sense illusions, with strange talk and behavior at intervals; third, variable symptoms, changing irregularly and not fitting any of the common kinds of insanity; fourth, excited